

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000674

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** ASCENSIONPOINT RECOVERY SERVICES, LLC

**Current Principal Place of Business:**

200 COON RAPIDS BLVD. STE 345  
COON RAPIDS, MN 55433

**New Principal Place of Business:**

200 COON RAPIDS BLVD. STE 200  
COON RAPIDS, MN 55433

**Current Mailing Address:**

200 COON RAPIDS BLVD. STE 345  
COON RAPIDS, MN 55433

**New Mailing Address:**

200 COON RAPIDS BLVD. STE 200  
COON RAPIDS, MN 55433

FEI Number: 26-1517215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHELDON, JOHN  
Address: 200 COON RAPIDS BLVD. STE 345  
City-St-Zip: COON RAPIDS, MN 55433

Title: MGRM ( ) Delete  
Name: HAUGEN, WILLIAM  
Address: 200 COON RAPIDS BLVD. STE 345  
City-St-Zip: COON RAPIDS, MN 55433

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHELDON, JOHN  
Address: 200 COON RAPIDS BLVD. STE 200  
City-St-Zip: COON RAPIDS, MN 55433

Title: MGRM (X) Change ( ) Addition  
Name: HAUGEN, WILLIAM  
Address: 200 COON RAPIDS BLVD. STE 200  
City-St-Zip: COON RAPIDS, MN 55433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM HAUGEN

MGRM

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date